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Medicaid Administrative Claiming (MAC) – FFY 2022

Early Childhood Intervention (ECI)

**Mental Health/Individuals with an Intellectual and
Developmental Disability (MH/IDD)**

Local Health Departments/Districts (LHD)

Welcome



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Who is eligible to take today's training?

- Anyone attending today's training is eligible.
- No longer conducting Initial vs. Refresher training.
- Entity employee must attend a MAC Financial Training each Federal Fiscal Year (FFY), even if using vendors. See [Texas Administrative Code](#), Subparagraph (e)(3)(C).
- MAC Financial Overviews do NOT count towards training credit (nor do RMTS Trainings/Overviews, or MAC Financial Trainings for a different FFY).
- FFY 2022 is October 1, 2021 – September 30, 2022.
- Training credit is for MAC quarterly claim submission based on date of service, not date of submission.

Welcome



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- Today's training includes an RMTS overview and a Fairbanks system demonstration. We recommend that you download the RMTS overview for your reference (see link in sidebar)
- MAC email address:
MedicaidAdministrativeClaiming@hhs.texas.gov
- MAC Training webpages (Training Materials are at the bottom of each page):
 - ECI: <https://pfd.hhs.texas.gov/medicaid-administrative-claiming/mac-early-childhood-intervention-eci-notices/mac-eci-training-information>
 - LHD: <https://pfd.hhs.texas.gov/medicaid-administrative-claiming/mac-local-health-districts-lhd-notices/mac-lhd-training-information>
 - MH/IDD: <https://pfd.hhs.texas.gov/medicaid-administrative-claiming/mental-healthintellectual-and-developmental-disability-mhidd-notices/mac-mhidd-training-information>

- RMTS Overview:
- <https://pfd.hhs.texas.gov/sites/rad/files/documents/time-study/2022/2022-rmts-eci-lhd-mhidd-overview.pdf>

Housekeeping



- Today's training may last up to 3 hours. A 10-minute break will be provided.
- Ask questions by sending a message through the GoToWebinar chat feature or by emailing us.
- Must be present and attentive throughout the entire training presentation to obtain credit
 - System tracking (time in session, active screen, and polling questions)
 - Must have registered for the training
- Send email to MedicaidAdministrativeClaiming@hhs.texas.gov if you:
 - Have dual monitors
 - Are sitting with coworkers
 - Are using an iPad/tablet
- To listen to the presentation, you have two options:
 - Dial in using your telephone: you must use the telephone number, access code, and audio pin found on the GoToWebinar window
 - Listen through your computer: you must have speakers to listen
- If you experience technical difficulties, please contact Webinar Support at 1-800-263-6317



Agenda

- Random Moment Time Study (RMTS) Overview
- MAC Participation Requirements
 - Enrollment and Renewal Process
 - Participation documents
 - MAC Contact Responsibilities
- Allowable Costs and Revenues for Reporting
 - Participant list
 - Reported costs
 - Revenues
- Fairbanks Cost Reporting system (STAIRS)
- Important reminders
- Wrap Up and Polling Questions



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RMTS Overview

Random Moment Time Study

Presented by HHSC Time Study Unit



RMTS Contact Responsibilities

- The RMTS responsibilities may be found on the HHSC website at:

<https://pfd.hhs.texas.gov/time-study>



Medicaid Definitions



Medicaid

An entitlement program designed to provide health-related services to categorically needy populations

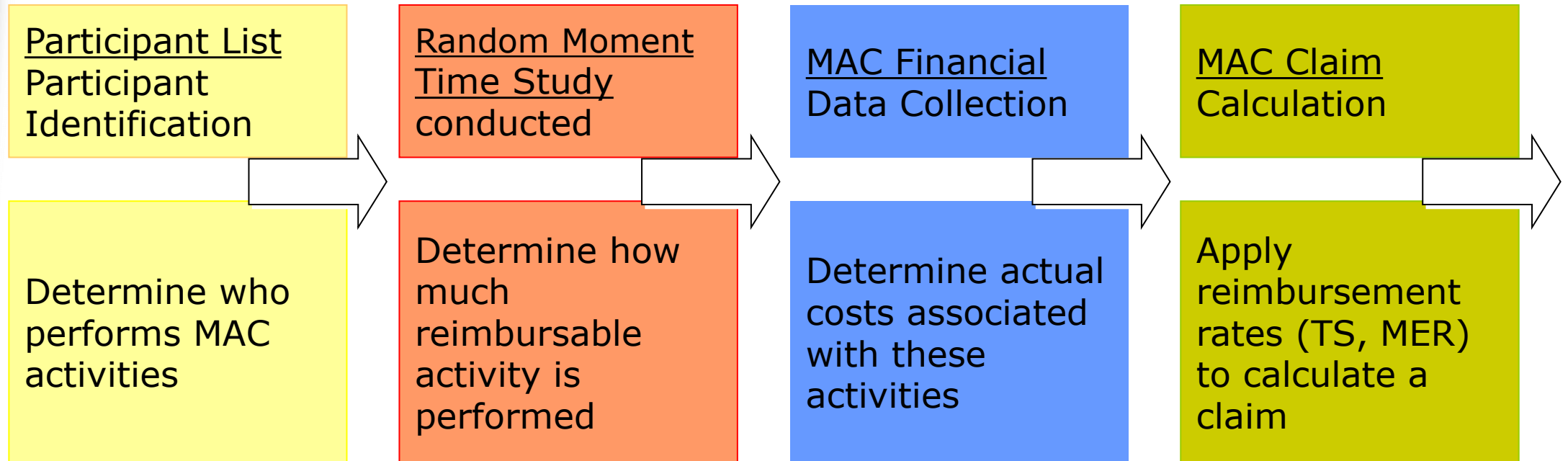
Medicaid Administrative Claiming (MAC)

Federal Medicaid reimbursement for administrative activities associated with linking recipients to appropriate Medicaid/health-related services

MAC Process



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Please be aware that failure to complete the RMTS requirements will result in **disqualification** for submitting MAC Financial Information for the quarter during which the non-compliance occurred.

Section I



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MAC Participation Requirements

MAC Participation Requirements

- A MAC contract must be filed and executed with HHS in order to enter financial expenditure information.
CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us
- Received appropriate MAC and RMTS training for the FFY
- Have a certified Participant List
- Appropriate financial information must be collected, entered and certified in order to calculate a claim.
 - The claim must be electronically or physically signed by an entity employee with signature authority, notarized, or and submitted to HHSC for payment.
- Copies of all signed documents and financial statements must be readily available to HHSC for review.



MAC Participation Requirements

Public Entities must

- Maintain Contact Information
 - RMTS Coordinator
 - MAC Financial Coordinator
 - Executive Director
- Adhere to roles and responsibilities as defined by HHSC staff and HHSC's MAC Participant Guide
- Electronically approve, sign off, scan and upload signed documentation agreeing to adhere to HHSC's MAC participant requirements and/or mandates



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Documentation Requirements

- Required for participation in MAC:
 - A contract executed with HHS
 - Data Use Agreement (DUA)
 - Security and Privacy Inquiry (SPI) Form
 - Active Data Universal Numbering System (DUNS) – will change to Unique Entity Identifier (UEI) on April 4, 2022
 - Application for Texas Identification Number (TIN)
 - Vendor Direct Deposit Form
 - Vendor Information Form (VIF)
- Contracting documents must be renewed every five years based on enrollment date
- Documents and instructions are available on the HHSC MAC website at this link: <https://pfd.hhs.texas.gov/medicaid-administrative-claiming/mac-contracting-information>
 - MUST use current forms



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Enrollment and Renewal

- Contracting instructions: <https://pfd.hhs.texas.gov/medicaid-administrative-claiming/mac-contracting-information>
- Entities new to MAC must send completed and signed SPI, TIN Application, Vendor Direct Deposit, and Vendor Information Forms along with their active DUNS to CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us
- The Data Universal Numbering System (DUNS) – will change to Unique Entity Identifier (UEI) on April 4, 2022
- SPI, TIN, and VIF documents must be resubmitted when renewing MAC contract.



MAC Contract & Data Use Agreement

Entity Agrees

- To account for activities of staff providing Medicaid administration
- To submit quarterly participation data through the cost reporting system
- To provide expenditure information on a quarterly basis
- To spend an amount equal to the federal match received on health related services for clients
- To designate a liaison to work with HHSC
- To comply with Health Insurance Portability and Accountability Act (HIPAA) regulations

HHSC Agrees

- To pass on to the entities 95% of Title XIX federal share for Medicaid Administration
- To reimburse allowable administrative costs at the appropriate FFP rate (50% or 75%)
- To include the expenditures for Medicaid administration in the claim it submits to CMS
- To designate a liaison to work with the entities
- To comply with HIPAA regulations

Security and Privacy Inquiry (SPI) Form

- Questionnaire that includes a list of minimum HHS information security and privacy requirements needed for accessing HHS confidential information
- Form with instructions available at HHS SPI web page:
<https://www.hhs.texas.gov/laws-regulations/forms/miscellaneous/hhs-information-security-privacy-initial-inquiry-spi>



Active Data Universal Numbering System (DUNS)



- The Federal Funding Accountability and Transparency Act (FFATA) of 2006 and subsequent rules published by the federal Office of Management and Budget (OMB) require that grantees have an active DUNS number
- Entities must send 9-digit number with forms
- Register or check the status of your DUNS at System for Award Management (SAM) website: <https://sam.gov/>
- Requirement will change April 4, 2022 (see next slide)

Unique Entity Identifier (UEI)

NEW

- On April 4, 2022, the federal government will stop using the DUNS number to uniquely identify entities registered in SAM. At that point, entities doing business with the federal government will use a Unique Entity Identifier (UEI) created in SAM.gov and will no longer have to go to a third-party website to obtain their identifier.
- New entities will send UEI instead of DUNS as of this date.
- Active registrants will have their UEI assigned and viewable within SAM.gov; there is no action for registered entities to take at this time.
- The stated effect of this transition is to allow the U.S. General Services Administration (GSA) to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government.
- See <https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update> for more information.



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Texas Identification Number (TIN)



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Entities participating in MAC must have a Texas Identification Number (TIN).

- A TIN is required by the State Comptroller's Office for any entity who intends on billing agencies of the state government.
- Use of the number on all claims will reduce the processing time required by the state.
- Formerly the Payee Identification Number

Application for Texas Identification Number

1. Is this a new account? ☐ YES Mail Code 000 ☐ NO Enter Mail Code _____ Agency number _____

2. Texas Identification Number (TIN) - Indicate the type of number you are providing to be used for your TIN

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax? ☐ YES ☐ NO If YES, enter Texas Taxpayer Number _____

4. Name of payee (individual or business to be paid) _____

5. Mailing address where you want to receive payments _____

6. (Optional) _____

7. (Optional) _____

8. (Optional) _____

9. City _____ State _____ ZIP code _____

10. Payee telephone number (Area code and number) _____ SIC code _____ Security type code _____ (0, 1, 2) _____ Zone code _____

11. Ownership Codes - Check only one code by the appropriate ownership type that applies to you or your business.

12. Payment Assignment? ☐ YES ☐ NO Note: A copy of the assignment agreement between payees must be attached.

13. Comments _____

14. Signature and Date _____

15. Agency name _____ Prepared by _____ Phone (Area code and number) _____

Direct Deposit Form



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Direct deposit allows MAC reimbursements to be posted automatically to an entity's account instead of being issued as paper warrants sent by mail

Direct Deposit Authorization
This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

Transaction Type
SECTION 1
☐ New setup (Sections 2, 3, 4 and 6)
☐ Change financial institution (Sections 2, 3, 4, 6 and 8)
☐ Change account number (Sections 2, 3, 4, 6 and 8)
☐ Change account type (Sections 2, 3, 4, 6 and 8)
☐ Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)

Payee Identification
SECTION 2
Payee type:
☐ State employee
☒ Vendor or other recipient
☐ Texas Identification Number (TIN)
☐ Employer Identification Number (EIN)
☐ Social Security Number (SSN)
Phone number: _____ ext. _____
Mailing address: _____ City: _____ State: _____ ZIP code: _____

New Account Information (Setups and Changes) (Completion by financial institution is recommended.)
SECTION 3
Financial institution name: _____ City: _____ State: _____
Routing transit number (8 digits): _____ Customer account number (maximum 17 characters): _____ Type of account: ☐ Checking ☐ Savings
Financial representative name (optional): _____ Title (optional): _____
Financial representative signature (optional): _____ Phone number (optional): _____ ext. _____ Date (optional): _____

Existing Account Information (Changes Only)
SECTION 4
Routing transit number (8 digits): _____ Customer account number (maximum 17 characters): _____ Type of account: ☐ Checking ☐ Savings

International Payments Verification (required)
SECTION 5
Will these payments be forwarded to a financial institution outside the United States? ☐ YES ☐ NO
If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

Authorization for Setup, Changes or Cancellation (required)
SECTION 6
I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically.
I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.
I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)
Authorized signature: _____ Printed name: _____ Date: _____
sign here

Cancellation by Agency (for state agency use)
SECTION 7
Reason: _____ Date: _____

Authorized Signature (for state agency use)
SECTION 8
sign here Signature: _____ Date: _____
Phone number: _____ Agency number: _____
Agency name: _____ EIN: _____
Comments: _____

Please return your completed form to: _____

Vendor Information Form



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- The Vendor Information Form is required for every new contract, amendment, renewal, and extension. It indicates who is legally responsible as well as the point of contact for the contract.

- Send the original, signed copy to HHSC:

CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us

PC5.504

Texas Health and Human Services Commission
Vendor Information Form (VIF)

Instructions: This form must be completed and submitted with each new contract, amendment, renewal, and/or extension.
(Please type or print information.)

SECTION 1: Contractor's General Information

Legal Contractor's Name:	
Legal Doing Business As (DBA) Name:	
Physical Address:	
Remit To (Payment) Address:	
Enter one of the following:	<input type="checkbox"/> Texas Identification Number (TIN): <input type="checkbox"/> Federal Employer Identification Number (FEIN): <input type="checkbox"/> Social Security Number (SSN):
Select the Legal Status:	<input type="checkbox"/> For-profit Entity <input type="checkbox"/> Non-profit Entity
Select the Business Structure:	<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership*
	<input type="checkbox"/> Limited (Liability) Company <input type="checkbox"/> Limited (Liability) Partnership <input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Governmental Entity (must specify):
	<input type="checkbox"/> Other (must specify): * If Partnership, must provide SSN or TIN for minimum of two partners
Partner Name:	TIN or SSN:
Partner Name:	TIN or SSN:
If applicable, enter appropriate information:	State of Incorporation: Texas Charter Number: Name of Parent Entity:

SECTION 2: Contractor's Contact Information

Person Who Will Sign the Contract	Point of Contact for Contract
Name:	Name:
Title:	Title:
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	E-mail: j

SECTION 3: Contractor's Authorized Signature (or HHSC Contract Manager)

Printed Name	Signature	Date	Phone Number

SECTION 4: PCS Contract Administration Office Use Only

Contractor to Receive Payment:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Contract Number:	

Effective Date: June, 2009 Revision Date: March 3, 2017

Primary MAC Financial Contact Responsibilities

- Serve as financial liaison between HHSC & Fairbanks LLC
 - Also ensures compliance with policy directives
- Must attend MAC Financial Training at a minimum annually
 - And ensures applicable training requirements are met
- Provides oversight and monitoring
 - Enter, verify and certify the MAC financial data in Fairbanks, print, sign, notarize, scan and submit or upload quarterly MAC financial reports
 - Ensures financial data submitted for the quarter is true and accurate
 - Maintain financial documentation and supporting materials to support the time study and the claim
- Must be listed as the primary MAC Financial Contact
- Must maintain the accuracy of ALL contacts in Fairbanks



Section II

Reportable Costs & Revenues



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Participant List/Reportable Cost

- In order to report Wage and Benefit Costs, eligible time study staff positions are added to the time study "Participant List" prior to each quarter.
- Positions listed on the Participant List must have costs entered.
 - These include federally funded positions
- Costs reported are "position-specific" not "person-specific."
 - Substitutes - Individual replacing a provider on leave
 - Direct replacement - Individual hired to fill a vacant position

Participant List/Reportable Costs

- The Participant List
 - Drives the number of eligible MAC participants
 - Determines the MAC financial cost eligible for time study staff
 - Is critical to ensuring the MAC claim is eligible for payment



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If a Participant List is not certified for a quarter by a public entity, the entity will not be able to participate in RMTS and will not be able to report MAC costs for that quarter.

What Cost Can I Report?

- Compensation
 - Entity Employee Salaries
 - Payroll Taxes & Benefits
 - Only Report “True” Expenditures
 - If your entity sets funds aside for future Workers’ Comp claims then these “set aside” funds are not true expenditures.
 - This also includes “on behalf of” payments
- Contracted Staff
- Revenues (Federal Revenues offset expenditures) – to include both Recognized and Unrecognized
- Costs associated with implementing MAC projects:
 - Travel & Training
 - Materials & Supplies
 - Equipment & Other Operating Costs



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Financial Reporting



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There are two options to enter financial data:

- Provider Specific Costs
 - Detailed basis by individual position
- Provider Summary Costs
 - Provider category summary
 - Categories as entered on the participant list
 - If your entity enters at this level, they must keep the detail by position/individual in the audit documentation file

Detailed Worksheet

Physician Assistants & Interns

Bob	Employee
Joe	Employee
Mary	Contract Staff

Category Summary

Registered Nurse (RN)

Salaries	30,000
Benefits	6,000
Purchased Svcs.	8,000

Employees vs. Contracted Staff

- Providers hired by the public entity are classified as employees of the entity.
 - Report salary (including bonuses) as “Employee Salaries” and identify the employees’ payroll taxes and benefits under “Employee Benefits.”
- Providers contracted through subcontracted agencies are classified as contract staff.
 - Report cost as “Contracted Staff Costs.”



Employee Salaries

Report 100% of the quarterly salaries for all participants on the participant list.

Example: Position #85 had the following employee changes throughout the quarter:

- A. Employee A works Jan 1st thru Jan 19th, earns \$800.
- B. Substitute A works Jan 20th thru Feb 28th, earns \$1,200.
- C. Employee B works March 1st thru March 31st, earns \$1,500.
- D. The Total MAC Reportable Expenditure for Position #85 is
 - $\$800 + \$1,200 + \$1,500 = \$3,500$.



Payroll Taxes & Benefits

- Examples of Employer Paid Benefits:
 - Health Insurance
 - Life Insurance
 - Medicare
 - Social Security
 - Employer 403(b) Contribution
 - Liability Insurance
 - Worker's Compensation
 - Unemployment Compensation



Other Costs – MAC Staff Categories

- Positions left off the Participant List who directly support time studied personnel and who do not qualify as general administrative personnel will be reported as Direct Support Staff.
- Positions left off the Participant List who provide services that are not medically related and who do not provide general administrative services for the entity will be reported as Unstudied Staff (Cost Pool 3).
- Positions left off the Participant List who provide services that are not medically related and who provide general administrative services for the entity will be reported as General Administrative Staff (Cost Pool 4).



Travel and Training

- This includes mileage reimbursements, airfare, per diem, lodging, seminar fees, payments to outside trainers and other directly related costs. The cost of training provided for employee development is also an allowable cost. Enter travel and training costs assigned to each MAC Staff Category.
- Costs incurred by employees and officers for travel, including costs of lodging, other subsistence, and incidental expenses, shall be considered reasonable and allowable only to the extent such costs do not exceed charges normally allowed by the public entity in its regular operations as the result of the public entity's written travel policy. In the absence of an acceptable, written public entity policy regarding travel costs, the rates and amounts established under 5 U.S.C. 5701-11 ("Travel and Subsistence Expenses: Mileage Allowance"), or by the Administrator of General Services, or by the President (or his or her designee) pursuant to any provisions of such subchapter must apply to travel under Federal awards (48 CFR 31.205-46(a)).





Materials and Supplies

- This includes cost incurred for materials, supplies, and fabricated parts necessary to carry out the public entity's services. Purchased materials and supplies shall be charged at their actual prices, net of applicable credits. Withdrawals from general stores or stockrooms should be charged at their actual net cost under any recognized method of pricing inventory withdrawals, consistently applied. Incoming transportation charges are a proper part of materials and supplies costs. Where federally donated or furnished materials are used in performing the Federal award, such materials will be used without charge.



Equipment and Other Operating Costs

- Equipment is an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the public entity for financial statement purposes, or \$5,000. Equipment is not limited to research, medical, scientific, or other technical activities. Examples include office equipment and furnishings, modular offices, telephone networks, information technology equipment and systems, air conditioning equipment, reproduction and printing equipment, and motor vehicles.
- Other operating costs may vary depending on entity's needs.

Direct Charge

- May be claimed for costs that are directly related to the preparation of the time study participants and the preparation and submission of the MAC claim.
- Detailed documentation logs must be kept on any MAC-related activity used for direct charges.
- Costs eligible include salary, benefits, travel (mileage), and operating, to include materials and supplies.
- Public entities utilizing the direct charge will identify the individual's "Functional Category" and enter the individual's name, salary, benefits, mileage, and operating cost for the individual claiming direct charge.
- The Fairbanks system will automatically reduce the direct charge amount from cost reported under Step 3c. Other Cost. The adjustment will be reflected on the Step 5. Verify section in Fairbanks.



Revenues

There are two types of revenues utilized on the MAC Claim:

- Unrecognized Revenue:
 - *Revenues such as state funds (GR), Local Government Funds, Donations to Public Agency, Medicaid Administrative Reimbursement Funds (MAC), Federal Emergency Assistance Reimbursement Funds, Federal IV Reimbursement.*
 - *Unrecognized Revenues are used as a match to draw down MAC reimbursement funds.*
- Recognized Revenue:
 - *Federal Revenues such as Medicaid Fees plus Match, Federal Grants plus Match, Medicare, Insurance, fees, Donations to Contractor, other Revenue not listed as Unrecognized Revenue.*
 - *Allocated as **Unstudied/Unallowable** (Cost Pool 3) or **General Administrative** (Cost Pool 4).*
 - *General Administrative Revenue is used to offset costs entered into the MAC Claim.*

NOTE: MAC funds will not be backed out of the MAC Financial claim as a Revenue offset.



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Revenue Cost Sharing/Matching

- Cost sharing or Matching is a process wherein two or more organizations (State and Public Entity) work together to secure savings in one or more areas of business (i.e., client services).
 - Example: Funds used for program services (direct services and outreach activity) that meet the matching requirements of a federal grant Award (Medicaid/IDEA, etc.).
- Matching requirements include the following:
 - Amounts are verifiable from grantee's records.
 - Funds are not included as a matching source for any other federally assisted programs.
 - Funds are allocated in the approved current budget.
 - Funds are spent for the respective project as allocated and the expenditure of these funds are reported for the respective services.
 - Funds are subject to the same guidelines as the respective grant funds (i.e., no food, entertainment or legislative lobbying).

MAC Financial Reporting

MAC financial quarters will not be opened unless the following requirements are met:

- Active contract with HHSC
- Appropriate MAC & RMTS training for the FFY
- RMTS requirements are met

If you are unable to access the quarter, please contact the MAC team via email at:

MedicaidAdministrativeClaiming@hhs.texas.gov



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Important Notice

LHDs participating in MAC:

- Please be aware that costs associated with MAC activities and claimed on the MAC claim cannot be included as part of the cost report submitted for reimbursement under the Texas Healthcare Transformation and Quality Improvement 1115 Waiver Program.



Federal Fiscal Year 2022

Event Description	Open Date	Close Date
• 1st Quarter (Oct-Dec)	04/11/2022	05/27/2022
• 2nd Quarter (Jan-Mar)	07/04/2022	08/19/2022
• 3rd Quarter (Apr-Jun)	09/26/2022	11/11/2022
• 4th Quarter (Jul-Sep)	12/19/2022	02/03/2023
• Claim must be certified and the signed/notarized QSI must be attached in Fairbanks by the deadline (6PM CST)		

Uses of MAC Reimbursements

- As stated in the executed contract with HHS, the public entity agrees to spend the federal match dollars generated from Medicaid administrative activities for health-related services and the enhancement of the entity's Medicaid program.
- It is recommended by HHSC that the funds are used for allowable MAC activities in order to increase services to Medicaid or prospective Medicaid clients. In the long run, reinvesting reimbursed funds in eligibility determination, outreach, provider relations and other MAC claimable activities will result in a higher return.



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Break Time



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- Do not log out of your computer. Please return in 10 minutes.



Fairbanks System Demonstration



Presented by Fairbanks, LLC

<https://www.fairbanksllc.com/>



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Section III

Important Reminders



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QSI Certification Statement

- Signing the QSI certifies that the following items are true and correct:
 - I have examined this statement, and that to the best of my knowledge and belief, the expenditures included in this statement are based on the actual cost of recorded expenditures
 - The required amount of State and/or local funds were available and used to pay for total computable allowable expenditures included in this statement
 - I am the officer authorized by the provider to submit this form, and I have made a good faith effort to ensure that all information reported is true and accurate
 - I understand that this information will be used as a basis for claims for Federal funds, and possibly State funds, and that falsification and concealment of a material fact may be prosecuted under Federal or State civil or criminal law



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QSI Example

QUARTERLY SUMMARY INVOICE FOR MEDICAID ADMINISTRATION		
AGENCY:	TX HHSC	
CONTRACT NUMBER:	~~~~~	
PERIOD OF SERVICE:	Q2-JM21	
CLAIM TYPE:	ORIGINAL	
COST CATEGORIES		COST POOL #1
[A] Total Federal Share (enhanced)		\$ 0.00
[B] Total Federal Share (non-enhanced)		\$ 0.00
[C] Total Direct Charge		\$ 0.00
[D] Total to be reimbursed by Federal Government		\$ 0.00
[E] 5% retention (Contract Sec. II. A. Medicaid Adm) Multiply Line D times 0.05		\$ 0.00
Total Federal Government (FFP) to be reimbursed Line D minus Line E		\$ 0.00

This statement is of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act, and in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the year ended 2021.

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.

CERTIFICATION STATEMENT BY OFFICER OF THE PROVIDER

I HEREBY CERTIFY that:

- I certify that the information provided on this invoice is true and correct, and that the funds/ Contributions necessary to match federal expenditure for administrative activities have been provided pursuant to the requirements of 45 CFR parts 74 and 95.
- I certify that I will adhere to the terms and conditions established in the Medicaid Administrative Claiming Guide.

Signature - Officer of Provider (Agency)

Date

Print Name: _____

Title: _____ Contact number: _____

Notary Stamp

STATE OF TEXAS


This instrument was acknowledged before me on the _____ day of _____, 20____,

by _____ (Printed Name of Officer of Provider).

Notary Public in and for the State of Texas (signature)

Notary's Name (printed): _____

Notary's Commission Expires: _____



NOTARY SEAL
(Ink Stamp Only)

Dates must be the same and not expired to be valid

Quarterly Summary Invoice

Important Reminders



- Must be original QSI scanned and uploaded into Fairbanks system
- Letterhead is not required
- Do not forget to complete all fields
 - Title and/or Contact Number
- Must be notarized on the same day the QSI is signed as certified
- Notary should not print name where Officer of Provider's name should be - **COMMON MISTAKE**
- QSI Certification must be completed by the public entity's designated financial contact with signature authority:
 - Chief Executive Officer (CEO), Chief Financial Officer (CFO), Executive Director (ED), Superintendent (SI) or other individual designated as the financial contact.

Electronic Signature

HHSC accepts electronic signatures. Signed and notarized signatures are still accepted if the preparer and provider choose to submit them. HHSC will only accept a digital signature that shows the logo with a system-generated date and time stamp or includes the logo of the digital software used.

<https://pfd.hhs.texas.gov/rate-analysis-digital-signature-policy>

Provider Signature	
Provider printed name: John Smith	Date: 11/23/2015
<div>John Smith</div> <div><small>Digitally signed by John Smith DN: cn=John Smith, o=Nurses 123, ou, email=johnsmith@nurses123.com, c=US Date: 2015.11.23 21:14:51 -06'00'</small></div>	
Provider Signature (stamped signatures not accepted)	

A digital signature **will not** be accepted by HHSC if the digital signature provided is any of the following, including, but not limited to:

- A photocopy of a handwritten signature
- An ink stamp of a handwritten signature
- A typed signature without a digital stamp



Important Reminders



- Entities are responsible for ensuring that financial training requirements are met so that claims can be processed by HHSC.
 - Financial Contacts **must** be trained. The MAC program recommends a minimum of two (2) people trained in MAC Financials every year
- On your MAC Financials, if you notice a high variance between quarters on costs and/or number of providers, please feel free to submit variance explanations or supporting documents with the QSI. This will also assist HHSC in the Desk Review process.
- Note that within the web-based system upon entering financial data the system will have internal "edits" based on variances seen from the previous quarter. At that time, the system will ask you for a brief explanation of the factors that contributed to the variance.

MAC Reimbursements

- Timeframe for reimbursement
- MAC reimbursements are Title XIX Medicaid administrative reimbursement funds
 - Not considered American Recovery and Reinvestment Act funds
 - Subject to the Single Audit Act
- Uses of MAC reimbursements
 - Enhance, improve, and/or expand the level and quality of health/medical services provided to all Medicaid clients served by the provider



Important Reminders for the Fairbanks System



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- Passwords will not change year to year.
- If you forget your password, you can reset it at the log-in screen.
- Fairbanks can send log-in information to the email you provided
- You will be able to access historical data.
- Messages (Warnings) are just for your reference. They are highlighting areas where there may be an issue.
- All reference materials are linked on the Fairbanks website.
- If you have any questions regarding technical support, please call Fairbanks support line: 1-888-321-1225 or email at info@fairbanksllc.com

Managing Contacts in Fairbanks

- Only one primary contact for each role (RMTS, MAC, and Executive Director)
 - Does not have to be the same person
- Primary contacts can:
 - Add and/or delete contacts
 - Assign additional roles to contacts
 - Restrict access of trained contacts
- No limit to the number of secondary contacts in the System
 - Keep the System up-to-date



Allowing Email Messages

- Communication is done predominantly via email
- Critical that your entity authorize your email system to accept emails from Fairbanks and HHSC
 - Confirm with your IT staff to ensure that emails with the following extensions pass through firewalls and spam filters:
 - @fairbanksllc.com
 - @hhsc.state.tx.us
 - @hhs.texas.gov





HHSC MAC Websites

Medicaid Administrative Claiming:

<https://pfd.hhs.texas.gov/medicaid-administrative-claiming/mac-early-childhood-intervention-eci>

<https://pfd.hhs.texas.gov/medicaid-administrative-claiming/mac-mental-healthindividuals-intellectual-and-developmental-disability-mhidd>

<https://pfd.hhs.texas.gov/medicaid-administrative-claiming/mac-local-health-districts-lhd>

- ☐ Important Notices
- ☐ Participation Documents
- ☐ Time Study and MAC Guide
 - Link: <https://pfd.hhs.texas.gov/sites/rad/files/documents/time-study/ts-mac-guide.pdf>
- ☐ Training Materials

Texas Administrative Code (TAC)

- Link for the Texas Administrative Code (TAC) for the Medicaid Administrative Claiming (MAC) Program
- [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=355&rl=8095](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=355&rl=8095)



Common Acronyms

- CAPM – Contract Administration & Provider Monitoring
- CMS – Centers for Medicare & Medicaid Services
- DUA – Data Use Agreement
- FFP – Federal Financial Participation
- FFY – Federal Fiscal Year
- HHSC – Health and Human Services Commission
- HIPAA – Health Insurance Portability and Accountability Act
- MAC – Medicaid Administrative Claiming
- MER – Medicaid Eligibility Rate
- PL – Participant List
- QSI – Quarterly Summary Invoice
- RMTS – Random Moment Time Study
- SCOR# – System of Contract Operation and Reporting Number
- STAIRS – State of Texas Automated Information Reporting System
- TIN – Texas Identification Number (formerly known as Texas Payee Identification Number)
- TS – Time Study



HHSC MAC Unit Contact Information



Mailing:

Health and Human Services Commission
Provider Finance Department, H-400
P.O. Box 149030
Austin, TX 78714-9030

Email:

MedicaidAdministrativeClaiming@hhs.texas.gov

Phone:

(512) 462-6200

Fax:

(512) 730-7475

Additional Contact Information

Random Moment Time Study

Phone: (737) 867-7794

Email: TimeStudy@hhs.texas.gov

Fairbanks LLC – Client Information Center

Phone: (888) 321-1225

Email: info@fairbanksllc.com



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Thank You

**On behalf of HHSC Provider Finance
Department**

Acute Care – MAC Financial Services